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# eHI Blueprint:
Building Consensus for Common Action

TRANSFORMING CARE DELIVERY AT THE POINT OF CARE

- **Introduction to Transforming Care Delivery**
  - Our Shared Vision
  - Vision for Transforming Care Delivery at the Point of Care
  - Principles for Transforming Care Delivery at the Point of Care
  - Overview of Strategies & Actions
  - Discussion/Questions and Answers
    - Co Chairs: Michael Berkery, Chief Technology Officer, American Medical Association and William F. Jessee, MD, FACMPE, President and Chief Executive Officer, Medical Group Management Association

- **Example Practices in Transforming Care Delivery**
  - Rose Marie Robertson, American Heart Association
  - Trish Manning, Masspro

- **From Consensus to Common Action: What You Can Do**
  - Discussion
    - Co Chairs

We envision a high-performing healthcare system, where all those engaged in the care of the patient are linked together in secure and interoperable environments, and where the decentralized flow of clinical health information directly enables the most comprehensive, patient-centered, safe, efficient, effective, timely and equitable delivery of care where and when it is needed most – at the point of care. [1]

In our vision, financial and other incentives are aligned to directly support and accelerate all of the key elements of transformation -- engaging consumers, transforming care delivery at the point of care, and improving population health -- in a secure, private, and trusted environment.

[1] *Institute of Medicine. Committee for Quality in Health Care in America. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: National Academy Press; 2001.*
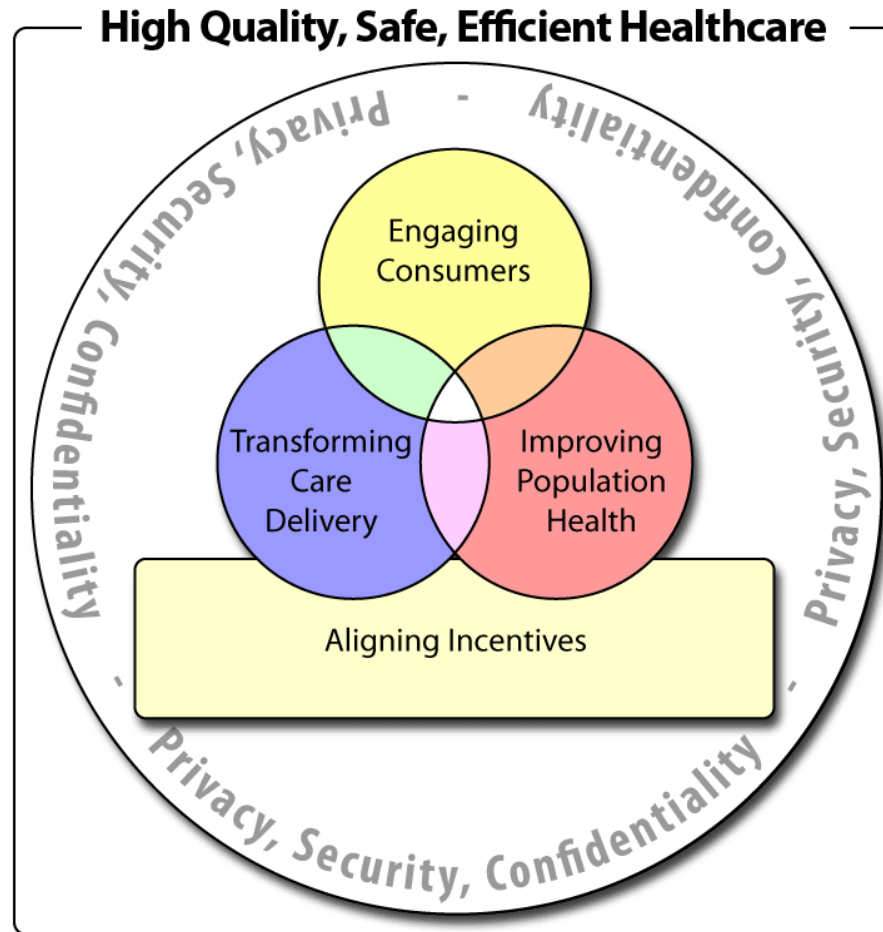
Vision for Transforming Care Delivery at the Point of Care:

- Patient care is high quality, patient-centered, for a lifetime, and reflects a coordinated and collaborative approach. Complete, timely and relevant patient-focused information and clinical decision support tools are available, as part of the provider's workflow, at the point of care. High quality and efficient patient care is supported by the deployment and use of interoperable health IT and secure data exchange between and across all relevant stakeholders.

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1. **PATIENT-CENTERED CARE:** Standards-based HIT and health information exchange (HIE) will support new models of care delivery that are patient-centered, for a lifetime, and physician-guided, reflecting a coordinated, collaborative approach. HIT and HIE will help providers and consumers improve the quality, safety, effectiveness, timeliness, efficiency and equity of care delivered across the U.S. healthcare system. In order for HIT and HIE to be truly patient-centered, the system should also provide meaningful, understandable and useful information for patients and providers at the point of care.

2. **PATIENT AND CLINICIAN-CENTERED WORKFLOW:** The transformation to patient-centered care will be facilitated by making more complete, timely and relevant patient-focused data and clinical decision support tools available in a secure manner to both clinicians and patients as part of the workflow at the point of care. Information at the point of care through HIT and HIE will help integrate care across multiple care settings and facilitate team-based care.

3. EVERYONE PLAYS: All healthcare providers regardless of size, specialty, or location, and especially small physician practices (that deliver a majority of care in the U.S.) need to be engaged and supported in both local and national efforts to make patient-focused electronic health information available at the point of care. Furthermore, the acquisition strategy, support for workflow change, resources required to overcome implementation barriers, and ongoing maintenance of HIT and electronic healthcare information will differ.

4. ACROSS CARE SETTINGS: There is value in adopting HIT in care settings, but greater value when the exchange of electronic health information is implemented across care settings. Care transformation will be supported by the deployment and use of HIT and secure data exchanges with all relevant stakeholders

5. HIT AND HIE ARE ENABLING TOOLS: HIT and HIE are essential infrastructure elements that add value and efficiency for clinicians, other care providers and the patients they serve through information management and information sharing with each other and with other stakeholders in healthcare.

6. OVERCOMING CHALLENGES: Selecting and implementing HIT and HIE tools, as well as the required process changes, are challenging endeavors. Overcoming these challenges to maximize effective use of HIT and HIE is critical to supporting, informing and improving care delivery at the point of care.

7. **REALITY – THE JOURNEY BEGINS HERE:** The transformation of US healthcare requires immediate attention but will happen over a period of years with multiple iterations at different paces across various care settings.

- **Move Providers to Adopt Health IT Systems: Getting Providers to Make the Decision and Understand Effective Use**

- **Supporting Adoption and Effective Use: Providers Have Made the Decision to Adopt HIT, What Do They Do Now?**

- **Transforming Care Delivery Through HIT and HIE: Providers have implemented the system, how do they transform care?**

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- **HIT not the goal; improved quality is**
- **HIT as essential enabling infrastructure**
- **Driving quality vs. HIT adoption**
  - First two broad categories focus on infrastructure development
    - Move Providers to Adopt Health IT Systems: Getting Providers to Make the Decision and Understand Effective Use
    - Supporting Adoption and Effective Use: Providers Have Made the Decision to Adopt HIT, What Do They Do Now?
  - Third broad category focuses on transformation
    - Transforming Care Delivery Through HIT and HIE: Providers have implemented the system, how do they transform care?

Move Providers to Adopt Health IT Systems: Getting Providers to Make the Decision and Understand Effective Use

1. Understand provider purchase motivations regarding HIT adoption.

   Selected Action:

   – 1.1 Provider Organizations, Quality Organizations (QIOs) and NGOs, with support from Federal Agencies (such as AHRQ and/or ONC) should examine adoption motivations among providers, including lessons from failed and successful models of HIT implementations and participation in HIE, as well as the impact of providing free technology, and make recommendations regarding best practices. (2007-2008, and ongoing)

2. Educate and motivate providers to adopt HIT and use it effectively.

Selected Action:

– 2.1 Provider Organizations should continue to help prepare providers for the increased focus on performance reporting, accountability and transparency in the healthcare marketplace through educational events, online resources, and other communications. In addition, NGOs and Federal Agencies (especially CMS) should also undertake similar education efforts to prepare providers. (2007-2009)

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3. Educate providers regarding the availability of incentives and financing options to support adoption and effective use of HIT.

Selected Action:

– 3.1 Federal Agencies and NGOs should work with Health Plans, Employers, HIT Vendors and others to create and maintain a centralized resource center of grants, loans, insurance savings opportunities, incentive programs and other financing options for HIT for providers (2008 and ongoing)

4. Monitor adoption rates based on agreed upon methodology. Report on rates to all healthcare stakeholders, including the government, in order to continue to incentivize and support adoption and effective use.

Selected Action:

–   4.1 Federal Agencies, in partnership with Provider Organizations and NGOs, should establish a consistent methodology for measuring adoption and effective use, and analyzing and reporting data. (2007)

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Supporting Adoption and Effective Use: Providers Have Made the Decision to Adopt HIT, What Do They Do Now?

5. Increase the availability of incentives and financing options to support adoption and effective use

Selected Actions:

– 5.1 Providers (especially hospitals) should utilize the recent Stark and anti-kickback relaxation to help provide hardware, software and training to physician practices. (2008-2009)

– 5.2 HIT and HIE vendors on a broader scale should provide more flexible contract options, with lower upfront costs and monthly fees. (2008)

6. Provide education, tools and technical and other assistance to prepare and assist providers for selection, implementation and effective use of HIT. Education, tools and assistance should be tailored to provider size and specialty.

Selected Action:

– 6.1 HIT Vendors, Provider Organizations, and Quality Organizations should work together to provide adaptable tools help providers understand and assess the business case for HIT adoption, as well as requirements for HIT implementation and effective use, including current workflow and redesign of care processes, technical requirements, current operational and business rules, staff capacity and skills and change management requirements. (2007-2009)

Transforming Care Delivery Through HIT and HIE: Providers have implemented the system, how do they transform care?

7. Ensure interoperability between and across all relevant stakeholders, using an open and interoperable architecture based on common principles and standards to reflect changing requirements.

Selected Action:

–   7.1 Federal Agencies (especially HHS) should clarify and communicate the process for developing standards, the roles stakeholders can play, a timeline for specific standards development and a list of key organizations involved in standards setting. (2007)

8. Design HIT and HIE processes and supporting applications to collect data at all points of care as part of the normal workflow in a way that enables utilization for multiple purposes (e.g. quality improvement, care management, billing, performance data reporting, population health, etc.)

Selected Action:

– 8.1 Community HIE Collaboratives, Provider Organizations and HIT Vendors, with support from Federal Agencies, should identify and analyze the current workflow processes and data stewardship and reengineer those workflow processes to enable data to be captured one time at the point of care, as part of the normal workflow, such that those data can be used for multiple purposes (such as billing, patient care, quality improvement, performance measurement). (2007-ongoing)

9. Utilize HIT connected to HIE to transform care at the point of care, in a team environment and across settings.

Selected Action:

– 9.1 Consumer Organizations and NGOs, in partnership with Provider Organizations and HIT Vendors, should study and promote best practices in which patient education, patient instructions and/or patient decision support information or tools are delivered to the consumer through HIT as part of the clinical encounter. (2008-2009)

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10. Establish and use quality measures and decision support tools.

***Selected Actions*:**

– 10.1 Federal Agencies (HHS, CMS, AHRQ) should define and support a process and the organizations responsible for establishing and endorsing quality measures to improve the quality, safety and efficiency of healthcare (2007-2008).

– 10.2 Federal Agencies (HHS, CMS, AHRQ) should define a process and the organizations responsible for standardizing data elements used in quality measurement reporting. (2008)

- **First Impressions?**
- **Feedback and Overall Reaction to the Transforming Care Delivery Section**
  - Vision
  - Principles
  - Strategies
  - Actions
- **What do you think will work? What won't?**
- **Any gaps or non-starters?**

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- **How can you help turn consensus into common action?**

- **Phase II: The Blueprint is designed so stakeholders can build elements into their work plans and agendas in the coming years**

  – This process will help accelerate improvements and tell us what is actionable

  – The Blueprint is a living document – as you consider incorporating elements, provide feedback to eHI

Example Practices

ADD SPEAKER NAMES